



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Certificate of Competency for Plumbing

The City of Saint Paul offers Plumbing Certificate of Competency Examinations for Journey and Master Levels. Currently the examinations are held two times a year, the second week of April & October.

Submit applications to:
City of Saint Paul Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

Applications are due thirty days prior to the examination date and subject to approval by the Plumbing Examination Board. Upon approval of an application, a notice will be sent to the applicant with instructions on the exact place, time, and date of the examination.

Questions for this exam are derived from the below listed reference materials.

Only the below listed reference materials will be allowed during the exam:

- Chapter 85 through 105 of the Legislative Code and City of Saint Paul, commonly known as the Saint Paul Water Code, as recodified and amended January 1, 2006 available by contacting Saint Paul Regional Water Services.
- Department of Labor and Industry (DLI), 2015 Minnesota Accessibility Code available at Minnesota's Book Store 660 Olive St. St. Paul, MN 55155 or visit DLI website.
- Department of Labor and Industry (DLI), 2012 MN Rules Chapter 4715.0100-6000 and 4716 and MN Statutes Chapter 326B.41-.59). Commonly known as the 2012 Minnesota Plumbing Code Chapter 4715 available at Minnesota's Book Store 660 Olive St. St. Paul, MN 55155 or visit DLI website.
- Department of Labor and Industry (DLI) 2015 Minnesota Mechanical and Fuel Gas Code with ANSI/ASHRAE Standard 154-2011 available at the Minnesota Book Store 660 Olive St. St. Paul, MN 55155 or visit DLI website.
- 2 - #2 lead pencils.
- Basic function's standard calculator only. No "construction, engineers, scientific" or phone calculators will be allowed.



Richard Jacobs
Sr. Plumbing Inspector

Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55102
P: 651-266-9051
rick.jacobs@ci.stpaul.mn.us

The Most Livable
City in America



Making Saint Paul the Most Livable City in America

An Equal Opportunity Employer



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Certificate of Competency Guidelines for Plumbing

Qualifications for Journey Level

- Must possess a State of Minnesota journey level plumbing license.
- Must have a notarized voucher signed by a State of Minnesota master level plumbing license holder.

Qualifications for Master Level

- Must possess a State of Minnesota master level plumbing license, or be a mechanical engineer registered by the State of Minnesota.
- Must have notarized vouchers signed by two State of Minnesota master level plumbing license holders.

Additional Information

- Provide Addendum to License Application MN tax id / FEIN / SSN.
- Read the instructions sheet for journey or master level plumbing exam.

Testing Procedures

- Applications are due thirty days prior to the examination date and subject to approval of the examining board. Upon approval of an application, a notice will be sent to the applicant with instructions on the exact place, time, and date of the examination.
- Examinations will be graded in the presence of the plumbing examining board within thirty days of the examination.
- If an applicant fails the examination, the applicant may review the failed portion of the exam within thirty days of notification of failure, in the presence of the senior inspector.

Appeal of rejection of application or test results

- Applicant must submit a written request to appear before the examining board. After consideration of the appeal a written response will be sent to the applicant.

Testing Criteria

Exams held twice a year as scheduled
Passing score: Journey Level 70% Master 70%



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TO: Plumbing Journey Level Certificate of Competency Examination Applicant

FROM: Senior Plumbing Inspector

RE: Journey Level Applications

The following information is listed in the order it appears on the journey level application and must be included:

Page 1:

- Circle journey level.
- Fill in your name, address, phone number, and date of birth.
- Fill in the name, address, and phone number of your present employer.
- Fill in your State of Minnesota journey level plumbing license number.
- Sign and date at the bottom of page one.

Page 2:

- Have a State of Minnesota Master Plumbing License holder, completely fill in the information for voucher number three only, sign it, and have it notarized.

Page 3 & 4:

- Fill in the record of your education and the record of your employment. Include record of all gas related education and experience.
- Sign and date at the bottom of page 3 & 4.

Addendum to License Application:

- Fill in your name, DBA, business address, business phone, preferred phone, and tax identification number of the company you work for or your social security number. Circle type: MN tax id / FEIN / SSN. If you do not provide one of these you will not be allowed to take the exam.
- Fill in your credit card information if paying by credit card.
- Sign and date at the bottom.

Application must be printed legibly or typed!

A non-refundable fee of **\$82.50** must accompany each application. Make checks payable to the "**City of St. Paul**". Remit application and fee to: **Department of Safety and Inspections, 375 Jackson Street, Suite 220, Saint Paul, MN 55101-1806**



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TO: **Plumbing Master Level Certificate of Competency Examination Applicant**

FROM: **Senior Plumbing Inspector**

RE: **Master Level Applications**

The following information is listed in the order it appears on the master level application and must be included:

Page 1:

- Circle master level.
- Fill in your name, address, phone number, and date of birth.
- Fill in the name, address, and phone number of your present employer.
- Fill in your State of Minnesota master level plumbing license number or State of Minnesota mechanical engineer license number.
- Sign and date at the bottom of page one.

Page 2:

- Have two State of Minnesota Master License holders, completely fill in the information for voucher number one and two, sign it, and have it notarized.

Page 3 & 4:

- Fill in the record of your education and the record of your employment. Include record of **all** gas related education and experience.
- Sign and date at the bottom of page 3 & 4.

Addendum to License Application:

- Fill in your name, DBA, business address, business phone, preferred phone, and tax identification number or your social security number. Circle type: MN tax id / FEIN / SSN. If you do not provide one of these you will not be allowed to take the exam.
- Fill in your credit card information if paying by credit card.
- Sign and date at the bottom.

Application must be printed legibly or typed!

A non-refundable fee of **\$82.50** must accompany each application. Make checks payable to the "**City of St. Paul**". Remit application and fee to: **Department of Safety and Inspections, 375 Jackson Street, Suite 220, Saint Paul, MN 55101-1806**



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CERTIFICATE OF COMPETENCY APPLICATION FOR PLUMBING EXAMINATION

Circle the appropriate level:

MASTER LEVEL (Fee \$82.50 EACH)

JOURNEY LEVEL (Fee \$82.50 EACH)

IMPORTANT! PRINT LEGIBLY OR TYPE!

I, _____ DESIRE TO OBTAIN A CERTIFICATE OF COMPETENCY IN THE PLUMBING TRADE AS CIRCLED ABOVE AND HERewith APPLY. I HAVE FULFILLED ALL PREREQUISITES AS TO STATE LICENSE, AGE, EXPERIENCE AND/OR APPRENTICESHIP. I HAVE PAID THE REQUIRED EXAMINATION FEE WHICH IS NOT REFUNDABLE. IT IS UNDERSTOOD AND AGREED THAT SIX (6) MONTHS MUST ELAPSE BEFORE I CAN REPEAT THIS EXAMINATION AND THAT ALL RULES, REGULATIONS AND DECISIONS OF THE BOARD SHALL GOVERN IN ALL CASES.

Home Address: _____ City _____ State _____ Zip _____

Home Phone + Area Code: _____ Date of Birth: _____

Present Employer Name: _____

Employer Address: _____ City _____ State _____ Zip _____

Employer Phone with Area Code: _____

State Plumbing License Number: _____

I solemnly swear that the agreements are true to the best of my knowledge and belief and affix my signature to attest thereto.

Signature _____ Date _____

APPLICATION MUST BE SUBMITTED THIRTY (30) DAYS PRIOR TO DATE OF EXAM

APPLICANTS FOR EXAMINATION MUST HAVE VOUCHERS SIGNED AS FOLLOWS:

Master Applicants: Vouchers 1 & 2

Journeyman Applicants: Voucher 3

MASTER VOUCHER #1 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA

COUNTY OF _____

I, the undersigned Master Plumber, swear that I have personally known:

_____ for _____ years.

Print Applicant's Full Name Above

The applicant is a competent journeyman.

I have read the above statements and believe them to be true.

Subscribed and sworn to me this day,

Notary Public

Master's Signature

State Master's License #

Print Master's Full Name Above

MASTER VOUCHER #2 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA

COUNTY OF _____

I, the undersigned Master Plumber, swear that I have personally known:

_____ for _____ years.

Print Applicant's Full Name Above

The applicant is a competent journeyman.

I have read the above statements and believe them to be true.

Subscribed and sworn to me this day,

Notary Public

Master's Signature

State Master's License #

Print Master's Full Name Above

VOUCHER #3 FOR JOURNEYMAN APPLICANTS ONLY

STATE OF MINNESOTA

COUNTY OF _____

I, the undersigned Master Plumber, swear that I have personally known:

_____ for _____ years.

that I have read the above statements and believe them to be true. The applicant has received on-the-job and related training as provided by:

Notary Public

Master's Signature

State Master's License #

Print Master's Full Name Above

RECORD OF EDUCATION

NAME OF SCHOOL, APPRENTICESHIP PROGRAM OR SPECIAL COURSE	COURSE OF STUDY <u>Include all gas related education</u>	YEARS COMPLETED	DATES TO/FROM	DID YOU GRADUATE?	DEGREE OR DIPLOMA

Note: Credit not given for special courses unless written description of course content from the institution is attached to this application.

RECORD OF EMPLOYMENT

List related work experience starting with the most recent employer, be specific.

NAME, ADDRESS AND PHONE NUMBER OF	WHERE AND WHAT TYPE OF WORK WAS PERFORMED <u>Include all gas related experience</u>	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use next page of application)

APPLICANT'S SIGNATURE

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED <u>Include all gas related experience</u>	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use back of application)

APPLICANT'S SIGNATURE

ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

Please Type or Print In Ink

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Licensee's Name: _____

DBA: _____

Business Address: _____

Business Phone: _____ Preferred Phone: _____

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: _____ Circle Type: MN Tax Id / FEIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

CREDIT CARD PAYMENT

<input type="checkbox"/> American Express <input type="checkbox"/> Discover		Expiration Month/Year ▶▶								Security Code ▶▶					
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa															
Enter Account Number ▶															

Signature of Cardholder (required for all charges): _____

If paying by credit card, the above must be fully completed and signed then the entire application faxed to 651-266-9124.

If paying by check, make checks payable to the "City of St. Paul" and mail with the completed application.

ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS APPLICATION

I have read and understand this document and provided complete, correct, and truthful information as requested.

Signature (REQUIRED for all applications)

Date _____